

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Donlwin M. Ballard

Write the full name of each plaintiff.

18CV1721

(Include case number if one has been assigned)

-against-

City of New York

COMPLAINT

(Prisoner)

Do you want a jury trial?

☐ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Danloun M Ballard
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

349-17-11418 - Booking Case Number
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Manhattan Detention Complex
Current Place of Detention

125 white street
Institutional Address

USA, New York New York 10018
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced prisoner
☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name LANE Last Name 19105 Shield #
Correction officer
 Current Job Title (or other identifying information)
125 white street
 Current Work Address
USA, New York New York 10018
 County, City State Zip Code

Defendant 2:

First Name Nardon Last Name 12588 Shield #
Correction officer
 Current Job Title (or other identifying information)
125 white street
 Current Work Address
USA, New York New York 10018
 County, City State Zip Code

Defendant 3:

First Name _____ Last Name _____ Shield #

 Current Job Title (or other identifying information)

 Current Work Address

 County, City State Zip Code

Defendant 4:

First Name _____ Last Name _____ Shield #

 Current Job Title (or other identifying information)

 Current Work Address

 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Manhattan Detention Complex 7 North
(Lower 13 cell)

Date(s) of occurrence: 01-07-2018 Time: 5:29 PM

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On the above date and time, I Donwin M. Ballard Nysid # 06221174K endured torture by the New York Department of Corrections. I was locked in a cell and officers Nardon (12588) and officer Lane (19105) violated my food by preparing it. Officers then proceeded to prepare the food without consent of a supervisor or supervision of an inmate. Officers did not possess proper food handlers certificate. Officer Lane shield # 19105 assisted Officer Nardon shield # 12588 in the inhumane serving of the food by sliding the food under the door which contaminated with several unsanitized, unspecified liquids and fecal matter.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I was starved, humiliated, Embarrassed, Treated in a inhumane way, harrassed and deprived of my prisoner right and to be served food like a dog is very traumatizing.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Requesting \$1,000,000.00

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

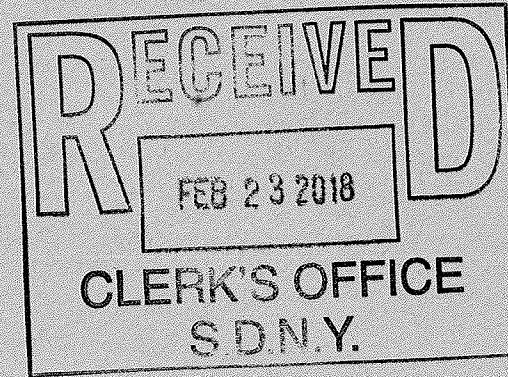
I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>2-3-18</u>		<u>D. Ballard</u>
Dated		Plaintiff's Signature
<u>Donwin</u>	<u>M</u>	<u>Ballard</u>
First Name	Middle Initial	Last Name
<u>106 west 139 street Apt #6</u>		
Prison Address		
<u>USA, New York</u>	<u>New York</u>	<u>10030</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 2-15-18

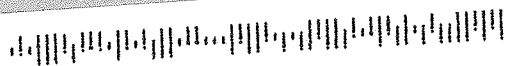
onwin Ballard # 349-17-11418
15 white street
New York, Ny 10013



Pro Se
SM

500 Pearl street
New York, Ny 10007

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